

LOI (Letter of Intent) FY 2006 CIP Prioritization Procedure

City/Agency Proposing Partnership: _____



1. Project Name _____

A. Project Description & Limits:

B. Estimated Project Cost:

2. Proposed Lead City/Agency For: (check appropriate column)

	<u>FCD</u>	<u>City/Agency</u>	<u>Other:</u>	<u>N/A</u>
A. Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. R/W Acquisition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Constr. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Ops & Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Proposed Cost Share:

	<u>FCD</u>	<u>City/Agency</u>	<u>Other:</u>	<u>Total:</u>
A. Percentage - %				
B. Funding - \$				

4. Availability of City/Agency Funding (\$):

<u>FY 05/06</u>	<u>FY 06/07</u>	<u>FY 07/08</u>	<u>FY 08/09</u>	<u>FY 09/10</u>	<u>Later FYs</u>

5. City/Agency Adoption of ADMS/ADMP/WCMP: (Name: _____)

☐ Yes
 ☐ Not yet, but willing to
 ☐ Not associated with Study or Plan

6. Signature: (City Engineer, Public Works Director, or Agency Manager)

Name: _____

Title: _____

Date _____

7. Remarks/Comments: (use additional sheet if necessary)

Signature:
Russell Miracle, P.E.

Planning & Project Management Division Manager
Date _____
Flood Control District of Maricopa County